



GRANBY RECREATION & LEISURE SERVICES
15C NORTH GRANBY ROAD
GRANBY, CT 06035
1-860-844-5356



Participant's Name _____

Home Phone _____

Address _____

Zip _____

M__ F__

For Youth 18 & Younger			
Age as of 1/1/04 _____	Grade _____	DOB _____	School _____
Father's Name _____	Phone (w) _____		Cell _____
Mother's Name _____	Phone (w) _____		Cell _____

Emergency Contact _____

Phone _____

List any medical problems, allergies, physical limitations, medical limitations or special assistance needed: _____

Program/Trip Name	Session (If applicable)	# of people	\$5 N/R Fee per program	Fee
				\$
				\$
				\$
				\$
				\$
Make check payable to Town of Granby			Total Am't Due.....	\$

Liability Release: The Town of Granby Recreation & Leisure Services is not responsible for personal injuries, damages or losses that may occur. As in any activity, there is a certain amount of inherent risk involved. Parent's/guardian's signature on this registration form indicates recognition of those risks, permission to participate and consent to secure emergency medical treatment in the event a parent/guardian cannot be reached.

Signature (parent/guardian if under 18)

Date

For office use Only:

Date Rec'd _____

Ck # _____

Cash _____

